

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

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Public Health
Prevent. Promote. Protect.

APPLICATION FOR A PERMIT TO OPERATE AN INDOOR WHIRLPOOL ~ FEE REQUIRED ~

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to 105 CMR 435.000 MINIMUM STANDARDS FOR SWIMMING POOLS CHAPTER V OF THE STATE SANITARY CODE.

OWNER: _____ TELEPHONE #: _____

LOCATION: _____

TYPE OF POOL: _____ STREET _____ LENGTH: _____ WIDTH: _____ CITY _____ VOLUME: _____

NON SWIMMING AREA: _____ (5' OR LESS IN DEPTH)

CERTIFIED POOL OPERATOR: _____ TELEPHONE # _____

SOURCE OF WATER: _____

IF PRIVATE WELL, PLEASE SUBMIT REQUIRED TEST RESULTS: _____

DISPOSAL OF SEWAGE AND WASTE WATER: _____

TREATMENT SYSTEM: (i.e., diatomaceous earth, cartridge filter, etc.,) _____

DISINFECTION METHOD: type, capacity, etc. (i.e., chlorinator, brominator, etc.,) _____

NO. LIFEGUARDS PER SHIFT: _____ SUBMIT UPDATED LIFEGUARDS CREDENTIALS: _____

VARIANCE LETTERS SUBMITTED: ☐ YES ☐ NO _____

REMARKS: _____

PURSUANT TO M.G.L. CH. 62C, SEC. 49A. I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY # OR OWNER FEDERAL ID #

SIGNATURE OF INDIVIDUAL OR CORPORATE NAME

DATE: _____

PLEASE SUBMIT APPLICATION AND FEE PER POOL OF \$300.00 TO THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT

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